

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only):	Date Received: 5-25-2022	Al Number:
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): O				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Apts				
Address: 1318 19th Street Unit 292				
City: Meridian		State: MS	Zip: 39301	
Site Location: Unit 292		Tel: 662-287-3111		
Building Size: 800 sq ft		# of Floors: 2	Age in Years: 40+	
Present Use: Vacant		Prior Use: Single family dwelling		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Meridian Housing Authority				
Address: 2425 East Street				
City: Meridian		State: MS	Zip: 39301	
Contact: Rayford Wright		Tel: 601-479-7594		
ASBESTOS REMOVAL CONTRACTOR: EAC Environmental				
Address: 4546 Cal Steens Road				
City: Caledonia		State: MS	Zip: 39740	
Contact: Ed Clay or BB Vanlandingham		Tel: 662-386-6386		
Certification Number: ABC00005192-ABC00007368		Expiration Date: 12-06-22		
OTHER OPERATOR: TBD and Revisions Made To Notice				
Address:				
City:		State:	Zip:	
Contact:		Tel:		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 05-10-22	
Inspector: Ed Clay		Certification Number: ABI-00006706	Expiration Date: 07-09-22	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
*Tile, Mastic, Textures, drywall, *PLM				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):	Surface Area (SQ FT): 800		Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 06-06-22			Complete: 06-06-22	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: TBD			Complete:	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

Post removal of ACM the Unit will receive new paint and flooring

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

Contain work area, set up air scrubbers, wet method, double bag

XIII. WASTE TRANSPORTER #1

Name: **EAC Environmental**

Address: **4546 Cal Steens Road**

City: **Caledonia**

State: **MS**

Zip: **39740**

Contact Person: **Ed Clay**

Tel:

WASTE TRANSPORTER #2

Name: **Waste Pro**

Address: **1600 S 12th Street**

City: **Columbus**

State: **MS**

Zip: **39701**

Contact Person: **RuthAnn Faris**

Tel: **662-328-5528**

XIV. WASTE DISPOSAL SITE

Name: **RoBo Landfill**

Address: **6447 Wahalak Road**

City: **Scooba**

State: **MS**

Zip: **39358**

Contact Person: **Roland Edmonds**

Tel: **662-793-4795**

XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XVI. FOR EMERGENCY RENOVATIONS:

Date and Hour of Emergency (MM/DD/YY):

Description of the sudden unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Contain newly found material, contact owner and MDEQ

XVIII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.

Edward A. Clay

Type or Print Name

(Signature of Owner/Operator)

05-24-22

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Edward A. Clay

Type or Print Name

(Signature of Owner/Operator)

05-24-22

(Date)